



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 5-17-04 to 7-17-04  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137467

4. Candidate Last Name ROCCA First Name FRANK M.I. A

2. Committee Name  
THE FRANK ROCCA  
ELECTION COMMITTEE

4a. Office Sought Including District # or Community Served (If applicable)  
COUNTY COMMISSIONER - DISTRICT # 6

4b. County of Residence MACOMB

5. Committee's Mailing Address  
27052 BROADMOOR  
WARREN, MI 48088  
Area Code and Phone 586-757-2525

6. Treasurer's Name & Residential Address  
27064 BROADMOOR  
WARREN, MI 48088  
Area Code & Phone (586) 427-2361

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

SAME

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08 03 04  
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper LORRAINE PAPER Signature Lorraine Paper Date 7 18 04  
Type or Print Name Signature Mo Day Year

Candidate FRANK ROCCA Signature Frank A. Rocca Date 7 18 04  
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137467  
2. Committee Name THE FRANK ROCCA ELECTION Comm

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>300.00</u>	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>1650.00</u>	<u>1650.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>1950.00</u>	<u>1950.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>371.00</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1678.17</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1678.17</u>	(23.) \$ <u>1678.17</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>-0-</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1950.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1950.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1678.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>271.83</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137 467  
2. Committee Name THE F.R. ELECTION COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-06-04</u> Name: <u>ROCCA, FRANK</u> Address: <u>27052 BROADMOOR WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PART-OWNER</u> Employer <u>FIRENZE RESTAURANT</u> Business Address <u>11028 10 MILE WARREN, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$300.00	\$300.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$300.00	\$300.00

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467  
2. Committee Name THE FRANK ROCCA ELEC. COMM.

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>FIRENZE REST</u> Address: <u>11028 10mILE</u> <u>WARREN, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>7-19-04</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>1650.00</u>
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>1650.00</u>

Enter this total on  
line 4 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137467  
2. Committee Name THE F.R. ELECTION COMM.

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>ROCCA, FRANK</u> Address: <u>27052 BROADMOOR WARREN, MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>PART-OWNER</u> Employer: <u>FIRENZE REST.</u> Business Address: <u>11028 10 MILE WARREN, MI 48089</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by <u>Candidate</u> or Others- <b>LOAN</b> Description <u>CAMPAIGN SHIRTS</u> 5. Date Of Receipt: <u>6-14-04</u> 6. Vendor Name & Address: <u>GOTTARDO'S JERSEY'S</u> <u>11047 SUNBURST, WARREN, MI</u>	\$196	\$196
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>ROCCA FRANK</u> Address: <u>27052 BROADMOOR WARREN, MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>PART-OWNER</u> Employer: <u>FIRENZE REST.</u> Business Address: <u>11028 10 MILE WARREN, MI</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by <u>Candidate</u> or Others- <b>LOAN</b> Description <u>FILING FEE</u> 5. Date Of Receipt: <u>5-10-04</u> 6. Vendor Name & Address: <u>COUNTY CLERK'S OFFICE - 40 NORTH MAIN ST.</u> <u>MT CLEMENS, MI</u>	\$100	\$296
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>ROCCA FRANK</u> Address: <u>27052 BROADMOOR WARREN, MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>PART-OWNER</u> Employer: <u>FIRENZE REST.</u> Business Address: <u>11028 10 MILE WARREN, MI</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by <u>Candidate</u> or Others- <b>LOAN</b> Description <u>FUND RAISER TICKETS</u> 5. Date Of Receipt: <u>6-07-04</u> 6. Vendor Name & Address: <u>STANDARD PRINTING</u> <u>13647 10 MILE WARREN, MI</u>	\$75	\$371

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

\$371.00  
\$371.00

Enter this total  
on line 6 of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137467  
2. Committee Name THE FRANK ROCCA ELECTION COMM.

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>STANDARD PRINTING</u> Address <u>13647 10 MILE WARREN, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-14 04</u>	<u>364.17</u>
Expenditure #2 Name <u>SAWICKI AND SONS</u> Address <u>1521 WEST LAFAYETTE DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-17 04</u>	<u>350.00</u>
Expenditure #3 Name <u>C AND G NEWSPAPERS</u> Address <u>13650 11 MILE ROAD WARREN, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWSPAPER AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-17 04</u>	<u>505.00</u>
Expenditure #4 Name <u>FIRENZE RESTAURANT</u> Address <u>11028 10 MILE WARREN, MI 48089</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER DINNER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-12 04</u>	<u>459.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1678.17  
1678.17

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA ELECTION COMM

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

4. Type of Obligation  
(Indicate type and you may assign an expenditure code)

5. Indicate date debt was incurred  
6. Indicate original amount of debt

300.00

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1 Corp? ☐ Yes  
Owed ☒ or by:

FRANK ROCCA

27052 BROADMOOR

WARREN, MI 48088

4. Type: LOAN

5. Date Debt Was Incurred:

7-05-04

6. Original Amount of Debt:

\$ 300.00

/ / \$

/ / \$

/ / \$

/ / \$

/ / \$

\$ -0-

\$ 300.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$ \_\_\_\_\_

/ / \$

/ / \$

/ / \$

/ / \$

/ / \$

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$ \_\_\_\_\_

/ / \$

/ / \$

/ / \$

/ / \$

/ / \$

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

300

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

300

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1



MICHIGAN DEPARTMENT OF STATE  
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**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137467  
2. Committee Name THE FRANK ROCCA ELECTION COMM.

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>07</u> <u>19</u> <u>04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>74</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held <u>FIRENZE REST.</u> <u>11028 10MILE</u> <input type="checkbox"/> Private Residence <u>WARREN</u>
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7. Total Contributions 1650.00  
8. Other Receipts -0-  
9. Gross Receipts (Add lines 7 and 8) 1650.00  
10. Total Cost of Event 459.00  
(Total Cost includes In-Kind Contributions  
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.